

On-line training related to using NC-TOPPS for
organizational learning

NC-TOPPS: A tool for change!

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Introduction

- What can NC-TOPPS do for you?
- How can NC-TOPPS be used to improve programs and services?
- Interactive exercise to show some uses of NC-TOPPS

What can NC-TOPPS do for you?

What can we learn about the data from NC-TOPPS?

Existing report system can provide:

- ✦ Analysis of statewide issues
- ✦ Analysis of specialty programs
- ✦ Descriptions of clients admitted to treatment
- ✦ Descriptions of normative level of behaviors during treatment
- ✦ Program performance and outcomes
- ✦ Process measures; treatment needs
- ✦ Federal reporting requirements

NC-TOPPS report system

- ★ Standardized reports are currently available for five populations:
 - ★ Adult Mental Health,
 - ★ Adolescent Mental Health
 - ★ Child Mental Health
 - ★ Adult Substance Abuse
 - ★ Adolescent Substance Abuse

NC-TOPPS report system

There are three types of reports available for these populations:

- ★ Initial Report

- ★ Needs assessment/characteristics of consumers. *Example:* How many adult African American females in your LME enter treatment with severe mental health problems as compared to another LME?

- ★ Update Report (3/6/12 months/Episode Completion)

- ★ Outcomes evaluation at varied intervals. *Example:* How do adolescent substance abuse consumers in your LME compare to the rest of the state after six months?

- ★ Matched reports

- ★ Comparative analysis. *Example:* As compared to the state averages, how did your LME and providers do in providing services to children and adolescents during treatment?

What data is available?

- ★ NC-TOPPS is ONE of many data resources available to you
- ★ NC-TOPPS includes some key information that is included in standardized report templates
 - ★ Items reported on include:
 - ★ Population characteristics: age, gender, race/ethnicity, education, employment, housing
 - ★ Key behavioral measures: self-reported drug use, mental and physical health, substance abuse and health care services

Framing your questions

- ✦ Before you ask for data, you need to consider that the questions you ask determine the answers you're going to get!
 - ✦ Idea?
 - ✦ Why do you need data? What questions do you have?
 - ✦ Purpose?
 - ✦ Why is this important?
 - ✦ How will this information be used and by whom?
 - ✦ Assessing?
 - ✦ Improving?
 - ✦ Evaluating/outcomes?

In what structure is this data available?

- ★ Before you ask for data, you need to consider the following:
 - ★ In what population are you interested?
 - ★ E.g. Adult/adolescent mental health, adult/adolescent substance abuse, child mental health
 - ★ At what level do you need the data?
 - ★ E.g. LME, statewide, provider (depending on numbers)
 - ★ What time period do you need?
 - ★ E.g. Fiscal year or calendar year
 - ★ What type of report so you need?
 - ★ E.g. Initial interviews, matched interviews, update (3/6/12 months or completion)

From idea to practice

- ★ One example of using NC-TOPPS (answers in italics)

- ★ Idea?

- In North Carolina, what are the needs of substance abusing women with children? Are these different from all women? Are there differences by county?*

- ★ Purpose?

- ★ Why is this important?

- Impact of SA on parenting for one. Children in foster care, with a history of abuse or neglect, or with incarcerated parents are more likely to be trapped in the child welfare pipeline.*

- ★ How will this information be used?

- To assess whether we are meeting the needs of women with children and how we can improve services to better the lives of these women and their children.*

From idea to practice

- ★ One example of using NC-TOPPS (answers in italics)

- ★ Idea?

In North Carolina, what are the needs of substance abusing women with children? Are these different from all women? Are there differences by county?

Data structure?

- ★ Population?

Adult Substance Abuse. Subset 1: All females. Subset 2: Females with children. Subset 3: Durham County females with children.

- ★ Level?

Subset 1 and 2: Statewide. Subset 3: County

- ★ Time frame?

Fiscal year 2006-2007

- ★ Type of report?

Initial interviews (to capture all entering treatment)

An example of using the NC-TOPPS initial report data

- ★ *In the adult substance abuse population, what are the needs of substance abusing women with children? Are these different from all women?*

Some questions we wanted to answer included:

- ★ Do women with children...
 - have the same service needs?
 - have more severe mental health symptoms?
 - have different barriers to treatment?
 - experience more physical or sexual violence?
- ★ What is the level of criminal justice involvement?
- ★ What types of health care services are being used?

An example of using the NC-TOPPS initial report data

- ★ *How did we approach this question?*
 - ★ Explained purpose and asked for reports specifying population, level, timeframe, and type of report
 - ★ Created table ([handout 1](#)) to map characteristics on population, drug use, mental health, physical health, and substance abuse treatment and health care services
 - ★ Compared across tables to assess any differences
 - ★ Interpreted data and identified potential reasons for any differences (may need to include stakeholders)
 - ★ Assessed whether we could make any recommendations based on the data that would improve services for this population

An example of using the NC-TOPPS initial report data

- ★ *Looking at [Handout 1](#), did we find anything? Compared to all women, are women with children any different on the following variables:*
 - ★ Population characteristics?
 - ★ Drug use?
 - ★ Mental health?
 - ★ Physical health?
 - ★ Substance abuse treatment and health care services?

An example of using the NC-TOPPS initial report data

- ★ *Looking at [Handout 1](#), did we find anything? In North Carolina, what are the needs of substance abusing women with children? Compared to all women, are women with children any different on the following variables?*
 - ★ Population characteristics? *No*
 - ★ Drug use? *No*
 - ★ Mental health? *No*
 - ★ Physical health? *No*
 - ★ Substance abuse treatment and health care services? *No*
- ★ *There are no discernible differences between all women in SA treatment and women with children in SA treatment*

An example of using the NC-TOPPS initial report data

- ★ *However...we also wanted to look at county data and compare all women with children to women with children in Durham County...*
- ★ *Looking at [Handout 2](#), did we find anything? Compared to all women, are women with children in Durham any different on the following variables:*
 - ★ Population characteristics?
 - ★ Mental health?
 - ★ Physical health?
 - ★ Substance abuse treatment and health care services?

An example of using the NC-TOPPS initial report data

- ★ *Looking at [Handout 2](#), did we find anything? Compared to all women, are women with children in Durham any different on the following variables:*
 - ★ Population characteristics? *Yes!*
 - ★ Mental health? *Yes!*
 - ★ Physical health? *Yes!*
 - ★ Substance abuse treatment and health care services? *Yes!*
- ★ *There are significant differences across all variables for women with children in Durham County!*

An example of using the NC-TOPPS initial report data

- ★ *Compared to all women with children, women with children in Durham...*
 - ★ Population: Are older, more African-American, less educated, more unemployed, more homeless
 - ★ Services needed: Need more housing services (55% v. 42%); need more employment services (59% v. 56%)
 - ★ Drug use: Use more heavy alcohol (39% v. 29%), more cocaine (74% v. 53%), more heroin (13% v. 7%)
 - ★ Physical health: Have experienced more sexual violence (53% v. 33%); more risky sexual behavior (25% v. 12%)
 - ★ SA treatment: Use crisis services more (17% v. 11%); make more ER visits (28% v. 22%)

An example of using the NC-TOPPS initial report data

- ★ *How can this (initial report) information on who is entering treatment help providers and clinicians improve treatment for women with children in Durham County?*
- ★ Data allows for evidence-based programmatic and clinical decisions to improve treatment and services
 - ★ To develop and justify new programs
 - ★ To emphasize the need for special programs that include these enhanced service needs (housing, employment, education) or connect to other organizations that offer these services
 - ★ To demonstrate the need to include components that address trauma related to sexual violence experienced, or education related to risky sexual behavior

An example of using the NC-TOPPS initial report data

- ★ *How can this (initial report) information on who is entering treatment help LMEs and lead to improving the quality of treatment for women with children in Durham County?*
 - ★ Increased transparency and accountability
 - ★ Data shows this population may require greater resources to achieve positive outcomes; important to report this to funders and other stakeholders
 - ★ Data allows for evidence-based decisions to improve treatment and services
 - ★ Are LMES recruiting providers that offer programs that will meet the needs of consumers?
 - ★ Are we encouraging connections to organizations offering these services?

An example of using the NC-TOPPS initial report data: County commissioners/board

- Select key variables of interest
- Keep it simple!
- Create a very basic chart that shows major differences between your county and the state (benchmark)
- Use this data to focus talking points

An example of using the NC-TOPPS initial report data : County commissioners/board

Table on women with children

Key issue	Statewide	Durham County
Homeless	6%	10%
Major depression	17%	31%
PTSD	5%	10%
MH severity	21%	43%
Sexual abuse	33%	53%
Risky sexual behavior	12%	25%
ER and crisis visits	33%	45%

An example of using the NC-TOPPS initial report data : County commissioners/board talking points

- 1 in 10 women in substance abuse treatment with children in Durham is homeless
- 3 in 10 women are suffering from major depression and PTSD. 4 out of 10 women have severe or very severe mental health symptoms. This is twice the state rate.
- 5 out of every 10 women have experienced either physical or sexual violence in the last three months (compared to 3 out of 10 statewide)
- Twice as many women with children in Durham are engaging in risky sexual behavior
- Durham women with children use ER and crisis services 50% more than other women with children across the state

An example of using the NC-TOPPS initial report data

- ★ *Review: What information do the initial reports provide?*
 - ★ Population characteristics, key behavioral measures, and treatment and service needs of ALL those entering treatment
- ★ *Review: How can we use this information?*
 - ★ Data provides visibility. No data, no visibility; no visibility, no priority
 - ★ Increased transparency and accountability (emphasizes gaps and differences between the statewide benchmark and your populations upon entry to programs)
 - ★ Data allows for evidence-based decisions to improve treatment and meet service needs

Switching report structures:

How can we build on this initial information?

- ★ *What information do the matched reports provide?*
 - ★ Show changes in key behavioral measures (drug use, mental health, and physical health), use of health care services, and treatment and service needs for those who stay in treatment.
- ★ *How can we use this information?*
 - ★ Comparative analysis: As compared to the state averages, how did Durham County do in providing services to women with children during treatment? How did programs and services improve the lives of women in Durham County relative to the state?

Interactive exercise: Time to work!

- ★ *Answer the questions on Handout 4 using the two matched reports provided (statewide women with children and Durham County women with children) and the chart (Handout 3)*
 - ★ Identify population differences
 - ★ Show any changes in key behavioral measures and treatment and service needs for those who stay in treatment
 - ★ Look at the differences between women with children across the state and women with children in Durham County
 - ★ Brainstorm ways LMEs, providers, and other stakeholders could use this data
 - ★ If working in groups, report back to the group(s)

Ways to use data: Feedback

- What ways did you think providers, LMEs, and/or other stakeholders could use this information?
- What other stakeholders may want to use the data?

Ways to use data: CFAC group

- Could use NC-TOPPS to create consumer report card on umbrella organization or program using items such as access to services (needed/received). Could compare statewide report and LME or program report.

Ways to use data: QI group

- Use NC-TOPPS to report gaps in services/outcomes/service needs
- Use NC-TOPPS to assess evidence-based practices

Ways to use data: LME group

- Compare your LME to state (matched)
- Assess your compliance rates v. state
- Assess rate of ER use among your consumers v. state
- Assess homelessness, employment, helpfulness of program services

Discussion of future needs

Please contact [Deena Murphy](#) with any feedback related to the following questions:

- ✦ What do you need to understand how to use NC-TOPPS data? How can we develop training tools that will facilitate the sector using NC-TOPPS as an organizational learning tool? What can we do to build this capacity?
 - ✦ At the state level?
 - ✦ At the county/LME level?
 - ✦ At the provider level?
 - ✦ At the consumer level?